



U.S. Department of Transportation
Pipeline and Hazardous Materials
Safety Administration

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report Date _____

No. _____
(DOT Use Only)

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

PART A – GENERAL REPORT INFORMATION

Check: ☐ Original Report ☐ Supplemental Report ☐ Final Report

1. a. Operator's OPS 5-digit Identification Number (if known) _____
- b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known) _____
- c. Name of Operator _____
- d. Operator street address _____
- e. Operator address _____

City, County, State and Zip Code _____

IMPORTANT: IF THE SPILL IS SMALL, THAT IS, THE AMOUNT IS AT LEAST 5 GALLONS BUT IS LESS THAN 5 BARRELS, COMPLETE THIS PAGE ONLY, UNLESS THE SPILL IS TO WATER AS DESCRIBED IN 49 CFR §195.52(A)(4) OR IS OTHERWISE REPORTABLE UNDER §195.50 AS REVISED IN CY 2001.

2. Time and date of the accident
_____/_____/_____
hr. month day year

3. Location of accident
(If offshore, do not complete a through d. See Part C.1)

a. Latitude: _____ Longitude: _____
(if not available, see instructions for how to provide specific location)

b. _____
City, and County or Parish

c. _____
State and Zip Code

d. Mile post/valve station ☐ or survey station no. ☐
(whichever gives more accurate location)

4. Telephone report
_____/_____/_____/_____/_____
NRC Report Number month day year

5. Losses (Estimated)

Public/Community Losses reimbursed by operator:

Public/private property damage \$ _____
Cost of emergency response phase \$ _____
Cost of environmental remediation \$ _____
Other Costs \$ _____
(describe) _____

Operator Losses:

Value of product lost \$ _____
Value of operator property damage \$ _____
Other Costs \$ _____
(describe) _____

Total Costs \$ _____

6. Commodity Spilled ☐ Yes ☐ No
(If Yes, complete Parts a through c where applicable)

a. Name of commodity spilled _____

b. Classification of commodity spilled:

- ☐ HVLs /other flammable or toxic fluid which is a gas at ambient conditions
- ☐ CO₂ or other non-flammable, non-toxic fluid which is a gas at ambient conditions
- ☐ Gasoline, diesel, fuel oil or other petroleum product which is a liquid at ambient conditions
- ☐ Crude oil

c. Estimated amount of commodity involved :

- ☐ Barrels
- ☐ Gallons (check only if spill is less than one barrel)

Amounts:

Spilled : _____

Recovered: _____

CAUSES FOR SMALL SPILLS ONLY (5 gallons to under 5 barrels) :

(For large spills [5 barrels or greater] see Part H)

- ☐ Corrosion ☐ Natural Forces ☐ Excavation Damage ☐ Other Outside Force Damage
- ☐ Material and/or Weld Failures ☐ Equipment ☐ Incorrect Operation ☐ Other

PART B – PREPARER AND AUTHORIZED SIGNATURE

(type or print) Preparer's Name and Title _____

Area Code and Telephone Number _____

Preparer's E-mail Address _____

Area Code and Facsimile Number _____

Authorized Signature _____

(type or print) Name and Title _____

Date _____

Area Code and Telephone Number _____

PART C – ORIGIN OF THE ACCIDENT (Check all that apply)

1. Additional location information

- a. Line segment name or ID _____
- b. Accident on Federal land other than Outer Continental Shelf ☐ Yes ☐ No
- c. Is pipeline interstate? ☐ Yes ☐ No

Offshore: ☐ Yes ☐ No (complete d if offshore)

d. Area _____ Block # _____

State ____/____/____ or Outer Continental Shelf ☐

2. Location of system involved (check all that apply)

- ☐ Operator's Property
- ☐ Pipeline Right of Way
- ☐ High Consequence Area (HCA)?
Describe HCA _____

3. Part of system involved in accident

- ☐ Above Ground Storage Tank
- ☐ Cavern or other below ground storage facility
- ☐ Pump/meter station; terminal/tank farm piping and equipment, including sumps
- ☐ Other Specify: _____
- ☐ Onshore **pipeline**, including valve sites
- ☐ Offshore **pipeline**, including platforms

If failure occurred on **Pipeline**, complete items a - g:

4. Failure occurred on

- ☐ Body of Pipe ☐ Pipe Seam ☐ Scraper Trap
- ☐ Pump ☐ Sump ☐ Joint
- ☐ Component ☐ Valve ☐ Metering Facility
- ☐ Repair Sleeve ☐ Welded Fitting ☐ Bolted Fitting
- ☐ Girth Weld

Other (specify) _____

Year the component that failed was installed: ____/____/____/____/____/____

5. Maximum operating pressure (MOP)

- a. Estimated pressure at point and time of accident:
_____ PSIG
- b. MOP at time of accident:
_____ PSIG
- c. Did an overpressurization occur relating to the accident?
☐ Yes ☐ No

a. Type of leak or rupture

- ☐ Leak: ☐ Pinhole ☐ Connection Failure (complete sec. H5)
☐ Puncture, diameter (inches) _____
- ☐ Rupture: ☐ Circumferential – Separation
☐ Longitudinal – Tear/Crack, length (inches) _____
Propagation Length, total, both sides (feet) _____
- ☐ N/A
- ☐ Other _____

b. Type of block valve used for isolation of immediate section:

- Upstream: ☐ Manual ☐ Automatic ☐ Remote Control
☐ Check Valve
- Downstream: ☐ Manual ☐ Automatic ☐ Remote Control
☐ Check Valve

c. Length of segment isolated _____ ft

d. Distance between valves _____ ft

e. Is segment configured for internal inspection tools? ☐ Yes ☐ No

f. Had there been an in-line inspection device run at the point of failure? ☐ Yes ☐ No ☐ Don't Know

☐ Not Possible due to physical constraints in the system

g. If Yes, type of device run (check all that apply)

- ☐ High Resolution Magnetic Flux tool Year run: _____
- ☐ Low Resolution Magnetic Flux tool Year run: _____
- ☐ UT tool Year run: _____
- ☐ Geometry tool Year run: _____
- ☐ Caliper tool Year run: _____
- ☐ Crack tool Year run: _____
- ☐ Hard Spot tool Year run: _____
- ☐ Other tool Year run: _____

PART D – MATERIAL SPECIFICATION

1. Nominal pipe size (NPS) ____/____/____/____/____ in.
2. Wall thickness ____/____/____/____/____ in.
3. Specification _____ SMYS ____/____/____/____/____/____
4. Seam type _____
5. Valve type _____
6. Manufactured by _____ in year ____/____/____/____/____/____

PART E – ENVIRONMENT

1. Area of accident ☐ In open ditch
☐ Under pavement ☐ Above ground
☐ Underground ☐ Under water
☐ Inside/under building ☐ Other _____
2. Depth of cover: _____ inches

PART F – CONSEQUENCES

1. Consequences (check and complete all that apply)

a.

| | Fatalities | Injuries |
|--|------------|----------|
| Number of operator employees: | _____ | _____ |
| Contractor employees working for operator: | _____ | _____ |
| General public: | _____ | _____ |
| Totals: | _____ | _____ |

- b. Was pipeline/segment shutdown due to leak? ☐ Yes ☐ No
- If Yes, how long? _____ days _____ hours _____ minutes

c. Product ignited ☐ Yes ☐ No d. Explosion ☐ Yes ☐ Noe. ☐ Evacuation (general public only) ____/____/____/____/____ people

Reason for Evacuation:

- ☐ Precautionary by company
- ☐ Evacuation required or initiated by public official

f. Elapsed time until area was made safe:
____/____/____ hr. ____/____/____ min.

2. Environmental Impact

- a. Wildlife Impact: Fish/aquatic ☐ Yes ☐ No
Birds ☐ Yes ☐ No
Terrestrial ☐ Yes ☐ No

b. Soil Contamination ☐ Yes ☐ No

If Yes, estimated number of cubic yards: _____

c. Long term impact assessment performed: ☐ Yes ☐ Nod. Anticipated remediation ☐ Yes ☐ NoIf Yes, check all that apply: ☐ Surface water ☐ Groundwater ☐ Soil ☐ Vegetation ☐ Wildlifee. Water Contamination: ☐ Yes ☐ No (If Yes, provide the following)

Amount in water _____ barrels

Ocean/Seawater ☐ No ☐ YesSurface ☐ No ☐ YesGroundwater ☐ No ☐ YesDrinking water ☐ No ☐ Yes (If Yes, check below.)☐ Private well ☐ Public water intake

PART G – LEAK DETECTION INFORMATION

1. Computer based leak detection capability in place? ☐ Yes ☐ No
2. Was the release initially detected by? (check one): ☐ CPM/SCADA-based system with leak detection
☐ Static shut-in test or other pressure or leak test
☐ Local operating personnel, procedures or equipment
☐ Remote operating personnel, including controllers
☐ Air patrol or ground surveillance
☐ A third party ☐ Other (specify) _____
3. Estimated leak duration days ____ hours ____

PART H – APPARENT CAUSE

Important: There are 25 numbered causes in this Part H. Check the box corresponding to the primary cause of the accident. Check one circle in each of the supplemental categories corresponding to the cause you indicate. See the instructions for guidance.

H1 – CORROSION1. ☐ External Corrosion2. ☐ Internal Corrosion

(Complete items a – e where applicable.)

a. Pipe Coating

- ☐
- Bare
-
- ☐
- Coated

b. Visual Examination

- ☐
- Localized Pitting
-
- ☐
- General Corrosion
-
- ☐
- Other _____

c. Cause of Corrosion

- ☐
- Galvanic
- ☐
- Atmospheric
-
- ☐
- Stray Current
- ☐
- Microbiological
-
- ☐
- Cathodic Protection Disrupted
-
- ☐
- Stress Corrosion Cracking
-
- ☐
- Selective Seam Corrosion
-
- ☐
- Other _____

d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?

- ☐
- No
- ☐
- Yes, Year Protection Started: ____/____/____/____/____

e. Was pipe previously damaged in the area of corrosion?

- ☐
- No
- ☐
- Yes ⇒ Estimated time prior to accident: ____/____/____ years ____/____/____ months Unknown
- ☐

H2 – NATURAL FORCES3. ☐ Earth Movement

- ⇒
- ☐
- Earthquake
- ☐
- Subsidence
- ☐
- Landslide
- ☐
- Other _____

4. ☐ Lightning5. ☐ Heavy Rains/Floods

- ⇒
- ☐
- Washouts
- ☐
- Flotation
- ☐
- Mudslide
- ☐
- Scouring
- ☐
- Other _____

6. ☐ Temperature

- ⇒
- ☐
- Thermal stress
- ☐
- Frost heave
- ☐
- Frozen components
- ☐
- Other _____

7. ☐ High Winds**H3 – EXCAVATION DAMAGE**8. ☐ Operator Excavation Damage (including their contractors/Not Third Party)9. ☐ Third Party (complete a-f)

a. Excavator group

- ☐
- General Public
- ☐
- Government
- ☐
- Excavator other than Operator/subcontractor

b. Type:

- ☐
- Road Work
- ☐
- Pipeline
- ☐
- Water
- ☐
- Electric
- ☐
- Sewer
- ☐
- Phone/Cable
-
- ☐
- Landowner-not farming related
- ☐
- Farming
- ☐
- Railroad
-
- ☐
- Other liquid or gas transmission pipeline operator or their contractor
-
- ☐
- Nautical Operations
- ☐
- Other _____

c. Excavation was: ☐ Open Trench ☐ Sub-strata (boring, directional drilling, etc...)d. Excavation was an ongoing activity (Month or longer) ☐ Yes ☐ No If Yes, Date of last contact ____/____/____

e. Did operator get prior notification of excavation activity?

- ☐
- Yes; Date received: ____/____/____ mo. ____/____/____ day ____/____/____ yr.
- ☐
- No

Notification received from: ☐ One Call System ☐ Excavator ☐ Contractor ☐ Landownerf. Was pipeline marked as result of location request for excavation? ☐ No ☐ Yes (If Yes, check applicable items i - iv)i. Temporary markings: ☐ Flags ☐ Stakes ☐ Paintii. Permanent markings: ☐iii. Marks were (check one): ☐ Accurate ☐ Not Accurateiv. Were marks made within required time? ☐ Yes ☐ No**H4 – OTHER OUTSIDE FORCE DAMAGE**10. ☐ Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: ☐ Man made ☐ Natural11. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe12. ☐ Rupture of Previously Damaged Pipe13. ☐ Vandalism

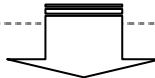
H5 – MATERIAL AND/OR WELD FAILURES**Material**

14. ☐ Body of Pipe ⇒ ☐ Dent ☐ Gouge ☐ Bend ☐ Arc Burn ☐ Other _____
15. ☐ Component ⇒ ☐ Valve ☐ Fitting ☐ Vessel ☐ Extruded Outlet ☐ Other _____
16. ☐ Joint ⇒ ☐ Gasket ☐ O-Ring ☐ Threads ☐ Other _____

Weld

17. ☐ Butt ⇒ ☐ Pipe ☐ Fabrication ☐ Other _____
18. ☐ Fillet ⇒ ☐ Branch ☐ Hot Tap ☐ Fitting ☐ Repair Sleeve ☐ Other _____
19. ☐ Pipe Seam ⇒ ☐ LF ERW ☐ DSAW ☐ Seamless ☐ Flash Weld ☐ Other _____
- ☐ HF ERW ☐ SAW ☐ Spiral ☐ Other _____

Complete a-g if you indicate **any** cause in part H5.



a. Type of failure:

- ☐ Construction Defect ⇒ ☐ Poor Workmanship ☐ Procedure not followed ☐ Poor Construction Procedures
- ☐ Material Defect

b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ☐ Yes ☐ No

c. Was part which leaked pressure tested before accident occurred? ☐ Yes, complete d-g ☐ No

d. Date of test: ____/____/____ yr. ____/____/____ mo. ____/____/____ day

e. Test medium: ☐ Water ☐ Inert Gas ☐ Other _____

f. Time held at test pressure: ____/____/____ hr.

g. Estimated test pressure at point of accident: _____ PSIG

H6 – EQUIPMENT

20. ☐ Malfunction of Control/Relief Equipment ⇒ ☐ Control valve ☐ Instrumentation ☐ SCADA ☐ Communications
- ☐ Block valve ☐ Relief valve ☐ Power failure ☐ Other _____
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ☐ Nipples ☐ Valve Threads ☐ Dresser Couplings ☐ Other _____
22. ☐ Seal Failure ⇒ ☐ Gasket ☐ O-Ring ☐ Seal/Pump Packing ☐ Other _____

H7 – INCORRECT OPERATION

23. ☐ Incorrect Operation

- a. Type: ☐ Inadequate Procedures ☐ Inadequate Safety Practices ☐ Failure to Follow Procedures
- ☐ Other _____

b. Number of employees involved who failed a post-accident test: drug test: ____/____/____/____ alcohol test ____/____/____/____

H8 – OTHER

24. ☐ Miscellaneous, describe: _____
25. ☐ Unknown
- ☐ Investigation Complete ☐ Still Under Investigation (submit a supplemental report when investigation is complete)

PART I – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

(Attach additional sheets as necessary)